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A COMPARISON OF POWER PERCEPTIONS

HELD BY

FEMALE NURSE AND FEMALE BUSINESS EXECUTIVES

by

Cheryl A. Foti

A thesis submitted to the
Faculty of the Graduate School of State
University of New York at Buffalo in partial
fulfillment of the requirements for the degree of
Master of Science

June 1990

MASTER'S THESIS APPROVAL FORM

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This is to certify that Cheryl A. Foti in the Graduate Program, School of Nursing, has successfully completed her research project entitled, A Comparison of Power Perceptions held by Female Nurse Executives and Female Business Executives in partial fulfillment of the requirements for the degree of Master of Science.

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ABSTRACT

Title: A Comparison of Power Perceptions Held By Female Nurse Executives and Female Business Executives

The purpose of this study is to compare power perceptions held by female nurse executives and female business executives.

Power has been defined in many ways by differing disciplines. Role theorists define power in the context of behavior which is learned through socialization within an organization. The role one takes on determines one's perceptions of power and the feelings about the use of power. The awareness of the social position one has in an organization may also influence how one feels about power. Gender socialization would also seem to contribute to the views of power one holds. Women, in the past, have not been socialized to be strong or to be powerful.

The initial role of nurses and business oriented women tend to be different. The major focus of business education is more managerial than that of nursing education. Nursing students are taught to be nurses first, after which they focus on management as they move through the hierarchy within a health care organization. Due to the differences in education and the initial roles they take on within their organizations, a difference in power perceptions would be expected to occur.

The comparison of power perceptions was accomplished by

the mailing of a 40 item Power Orientation Scale to 75 female nurse executives and 75 female business executives. This scale determines the views of power one holds. Power Orientation is based on six factors; Power as Good, Power as Resource Dependency, Power as Instinctive Drive, Power as Political, Power as Charisma, and Power as Control and Autonomy.

The t-test was performed to determine if there was a significant difference between the means of both groups. One-way ANOVA was performed to determine if there was a significant difference between both groups based on the six demographic variables. Chi Square analysis was done to determine the relationship of group membership to the demographic variables of age, highest education level, years in the profession, annual income, number of people supervised, and the position on the organizational chart. Stepwise Multiple Regression was done to determine which variables significantly influenced views of power.

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CHAPTER I

Introduction

Power has been defined in many ways by many authors of differing disciplines. No single definition has emerged which captures the overall essence of power and/or a universally held perception of power. Rather, various definitions reflect differing perspectives and dimensions of the concept of power.

Parsek (1978) states that the lack of nursing administrators who are knowledgeable in the use of power as a political tool is the most critical administrative problem facing nursing today. Before knowing how to use power one must understand one's perception of it. "A person with high perceived power will attribute to himself a greater probability of fulfilling his aspirations than one who has little power" (Zander, 1959, p.17). This statement aptly shows how important it is to determine perceptions of power. In order to utilize power effectively nurses must view power as an important aspect of their lives.

Simpson and Simpson (1969) concluded from their study that women in the semi-professions (nursing,teaching,social work) place a higher priority on friendly, personal relationships with their co-workers than on conflict that leads to acquiring power within the organization. Their research was performed twenty years ago and a new

investigation into females' (nurses in particular) perceptions and ideas of and about power is needed to update those conclusions. At the time these were valid conclusions. However, as a result of changing times these have probably changed.

Beck (1982) noted the methods nurse researchers utilize to study power and the ways nurses acquire and use power definitely depend on how these nurses conceptualize power. The first step in this process is to determine how power is perceived or the orientation one has to the concept of power.

Nurses must persuade themselves that power is both necessary and proper (Tiffany, 1987). "Some nurse administrators feel that in the caring and supporting world of nursing, power is an alien concept" (Hoelzel, 1989, p.10). Booth (1983) says power is an essential characteristic of an effective manager.

Little has been done to study the overall perceptions of females in executive positions. The purpose of this study is to determine the perceptions of power held by female nurse executives and compare them to the perceptions held by female business executives. This study will not show if one has power, only how one views power.

In the comparison of female business executives and nurse executives, this study will attempt to determine if the perceptions of power are role related or simply gender related. Nurse executives need to understand their

perceptions of power before it can be utilized effectively. In the past nurses have traditionally felt powerless. Much has been written about powerlessness and the relation to job satisfaction. With the current nursing shortage most of the job satisfaction and powerlessness studies have focused on staff nurses with the aim of increasing nurse retention (Bush, 1988; Weisman, Alexander, & Chase, 1981; Wakefield, Curry, Price, Mueller, & McCloskey, 1988).

Nurses control a significant portion of resources within the health care setting. Nurses comprise the largest work force within the health care system. There is great power associated with the large numbers of employees under the control of the nursing executive within a health care facility. This gives the nurse executive a strong power base. However, does the nurse executive view power as important and does she utilize that power effectively?

Nurse executives are not just expected to manage nurses any more. The role of the nurse executive has expanded so that executives must possess expert business skills. Nurse executives now manage multimillion dollar cost centers. The nurse executive must be a competent blend of nurse and business manager. "We must produce nurse administrators whose expertise and competencies bring power, influence, and resources to the practice of nursing" (Fralic, 1989, p. 7). Nurses must understand their views of power and determine that utilization of power is necessary for effective management.

If nurse executives don't utilize the power they have, there will be others who will manage their resources for them which ultimately will lead to a decrease in the power held by nurse administrators.

In reviewing the literature for this research, a study about the power perceptions of various levels of nurses in hospitals was encountered. It discussed the similarities and differences in power perceptions among nurses which included nurse executives (Heineken & Wozniak, 1988). Sutton and Moore (1985) studied executives' attitudes. Men and women in the Sutton and Moore study believed women must be exceptional to survive in business. Seventy-three percent of the female executives felt female executives were always paid less than their male counterparts. Would these beliefs influence their views of power?

Further research into the literature showed female business executives have problems associated with their gender. Their problems differ somewhat from those experienced by nurse executives. Salary does not seem to be an issue addressed by nurse executives. This may be due to the fact that 97% of nurses are women. Female business executives still earn an average of 42% less than their male counterparts (Baum, 1987). Thirty-seven percent of corporate managers and 1/3 of the 70,000 MBA graduates are women (Baum, 1987). Women are now better educated than in the past. They have the determination to advance, however, it still remains difficult

for women to reach top executive positions in corporations (Dubno, 1985). When they do receive promotions they often do not receive equal pay or equal regard in some instances as their male counterparts. Female managers earned 58 percent of what male managers earned in the 1980's (U.S. Department of Commerce, 1983). Difficulty in reaching the top and being treated the same as men in similar executive positions are issues female executives encounter.

After reviewing literature regarding corporate women an idea surfaced: how do these female business executives perceive power. Of interest, also, was how female nurse executives perceive power? Would the educational process, and the socialization process in career preparation and within the employing organization, which includes the organizational climate of both businesses and hospitals, affect the views of power held by these two groups of executives? At this point it seemed appropriate to compare their views. Did their socialization process as women mean they would hold similar views of power or would their somewhat different socialization process within their employing organizations and their educational preparation for executive roles make their views of power dissimilar? Studies comparing these two groups of women have not been reported in the literature.

Research Questions

The following research question was addressed in this study:

Is there a significant difference between the power perceptions held by female nurse executives and female business executives?

Related research questions:

1. Is there a difference in power perceptions based on education levels?

2. Is there a difference in power perceptions based on the executive's level on the organizational chart within the organization?

3. Is there a difference in power perceptions based on age?

4. Is there a difference in power perceptions based on annual income?

5. Is there a difference in power perceptions based on the number of years in profession?

6. Is there a difference in power perceptions based on the number of people supervised?

Definition of Terms

Female Nurse Executive: female in the role of vice president, chairperson, director of nursing or other top management positions in a health care facility.

Female Business Executive: female in the role of executive in a non-hospital setting.

Power Orientation/Perception: This is the view of power one holds. This is based on six Power Orientation Factors as developed by Mary S. Cavanaugh (Goldberg, Cavanaugh and Larson, 1983).

Power Factors:

"Factor 1 - Power as Good: represents the view of power as a positive force. Individuals scoring high on this Power Orientation Factor are likely to perceive power as exciting and desirable.

Factor 2 - Power as Resource Dependency: value of possession and control of resources. Individuals scoring high on this value possession and control of resources, especially information.

Factor 3 - Power as Instinctive Drive: perception that the desire for power is quite natural. The desire for power is seen as simply part of the human condition.

Factor 4 - Power as Political: power is acquired and maintained by political means, to some extent.

Factor 5 - Power as Charisma: power as something that can be held in reserve and used when needed. High scorers view power as the ability to take strong action and to evoke an emotional response in others. This factor also includes the idea that individuals respond differently to those they perceive as powerful.

Factor 6 - Power as Control and Autonomy: Value of power as a means of establishing control over others. High

scorers view power as involving control over the rewards and punishments of others as well as personal freedom from external control" (Goldberg et al. 1983, p.101)

Methodology

The sample used for this study was seventy-five nurse executives and seventy-five business executives. The female nurse executives were randomly sampled from a list of 4,000 members of the American Organization of Nurse Executives (AONE). The female business executives were randomly sampled from a membership list of 200,000 of the National Association for Female Executives (NAFE). This was a nationwide mail survey. The instrument used to determine the power perceptions of the sample was the Cavanaugh Power Orientation Scale (Goldberg, Cavanaugh, & Larson, 1983) (Appendix C). Written permission for use of this questionnaire was obtained from Dr. Goldberg (Appendix E). This Power Scale questionnaire was mailed, along with an introductory letter (Appendix A) and a demographic questionnaire (Appendix B) to the 150 participants. Two weeks after the initial mailing reminder postcards were sent to all participants.

Participants were assured that all responses would be confidential and anonymous consistent with Human Subject Rights. No names were asked for or noted on either the demographic or Power Scale questionnaires. Approval of this study was in accordance with State University of New York at

Buffalo policies (Appendix D).

Limitations

There are some limitations to this study. First of all, the respondents were limited to those who are members of the American Organization of Nurse Executives and the National Association for Female Executives. The results may not be generalizable to all nurse executives and business executives but only to a specific segment of each group. Another limitation is the comparability of the results regarding the number of people supervised. The question, as asked in the demographic questionnaire, does not distinguish between indirect and direct supervision. Possible confusion may have existed among the respondents.

Students, middle managers, and executives may join both NAFE and AONE. The random list from AONE did reflect their executive membership while the list from NAFE did not. This raises the question of comparability between groups.

Data Analysis Plan

A t-test was performed on the total power factor scores to determine any significant differences between the mean scores of each group. One-way ANOVA was performed to determine if there was a difference in power perceptions based on the six demographic variables. Nonparametric statistical testing using Chi Square analysis was done to compare the demographic data of both the nurse and business executive groups.

Multiple regression was performed on the Power factors to determine the significance of the demographic variables of age, years in profession, annual salary, highest education level, number of people supervised, and position on their organizational chart on the total scores of the power factors. The power factors were Power as: Good, Resource Dependency, Instinctive Drive, Control and Autonomy, Political, and Charisma.

Summary and Overview of Chapters

This introductory chapter gives a basic overview of the difficulties and power issues which nurse and business executives face in today's world. Both groups of executives have tremendous capabilities and responsibilities in both the hospital and corporate worlds. They must utilize the power they do have; however, before that they must understand how they perceive power. Female executives today are highly educated, competent, and well versed in management and leadership skills. Their socialization to get to their respective positions are somewhat dissimilar in the preparation for their executive roles. This comparison study of their power perceptions hopes to cast some light on the effect of socialization, if any, on their perceptions.

Chapter II is a comprehensive review of the literature. Chapter III describes the design, instrument, data collection, and setting of this study. Results and statistical analysis are presented in Chapter IV. Chapter V describes the

conclusions and implications of the study, as well as further areas for investigation.

CHAPTER II

Literature Review

Chapter I was an introduction to this study. It reviewed problems facing female nurse and business executives today which revolve around power. The implications of the socialization process affecting perceptions of power were also addressed. Nurse and business executives' views of power, which is the focus of this study, are addressed later in this study.

Chapter II presents a review of the literature pertaining to power and socialization. Views of power from varying disciplines are reviewed. Studies involving power, role socialization, as well as gender related studies are presented in this chapter. Socialization, and it's conceivable effect on women's roles and therefore their perceptions and behavior is introduced in this chapter.

Power has been categorized in many ways by various disciplines. It has not necessarily been interpreted differently, but rather viewed from various perspectives. Some viewed power through the effect it had on relationships. Others tended to focus on the direct use of power or the effect of the use of power within an organization.

The following sections review power as viewed from diverse frames of reference.

Power Research

Power perception has been researched using various approaches. Salancik and Pfeffer (1974) identified four categories of power: vertical, horizontal, interpersonal, and subunit power. Vertical power is the use of power in a superior- subordinate relationship. Horizontal power is the exercise of power among peers in an organization to obtain benefits for themselves. Interpersonal power is the use of power by one person over another. Subunit power is the exertion of power by subunits within an organization to obtain the critical resources of the organization for their own department.

Bush (1988) described power as the capability of one social actor to overcome resistance in another social actor in achieving the desired objective. In this context, power is the force which causes a behavior change the person exerting the power wanted.

Dahl (1957) stated that power is a relation, and that it is a relation among people. He further stated it consisted of all the resources, opportunities, acts, or objects that one can exploit in order to affect the behavior of another.

Cartwright (1959) viewed power as the ability to influence others. He stated perceived relative power is the ability of **P** to influence **O** or to determine **O's** fate indirectly , as **P** perceives the situation. Person **P** may also feel that **O** has some power over him. The resultant amount of

power that **P** attributes to himself in relations with **O** is the degree to which he believes he can successfully influence **O**, less the amount he believes **O** can influence him. Origins of perception of power can result from numerous sources, such as wealth, skill, respect, position or accomplishment.

In defining and focusing on the use of power, French and Raven (1959) defined power by breaking it down to coercive, reward, legitimate, expert, and referent types of power. Etzioni's concept of power was power types differentiated by the means used to gain individual compliance with organizational directives (Etzioni, 1975). The three means are physical, material, and symbolic, with the corresponding power types labelled coercive, remunerative, and normative.

Power for Blau (1964) rested on an individual's ability to supply punishments or withhold rewards from another person. Here, power was looked at as a social exchange relationship in which power is not symmetrical.

Power exists in every organization and setting. Power studies have been utilized to study many groups. Although the following studies do not all use nurses as their research groups it is important to be aware of the other groups used and their study outcomes and trends. It is important to note how nurses compare with other groups and what the differences are.

Hospitals and nursing departments have borrowed various ideas and management techniques used in other disciplines in

order to meet the needs of a rapidly changing hospital environment. Examples are budget processes, flex-time, and creative shift schedules. Comparing nurse executives with other groups and noting trends and outcomes of other group research studies can encourage the process of borrowing what is good from other disciplines. Results of comparisons will not show which group is better, but may yield ideas which may be incorporated into the hospital environment. As discussed in Chapter I, nurse executive roles are expanding to include more business related skills and abilities. With the advent of Diagnosis Related Groupings (DRG) and changing cost reimbursement schedules, hospitals are now big business centers. No longer can they exist solely to care for patients without regard for fiscal responsibilities.

Studies comparing nurse or business executives' perceptions of power have not been reported in the literature. Many power studies have utilized university deans and faculty as their sample groups. When discussing academic governance and power structures it is important to note the differences between that and health care settings. In the academic world deans and faculty tend to have a colleague-type relationship. In health care settings there is a definite line of authority. Colleague-type relationships are less likely to exist between the levels of hierarchy in health care settings.

The sample groups in this study are female nurse and business executives; however, the following academic study

sample is predominantly male. Females are included but not in significant numbers. The following academic study looked at perceived power in an academic setting.

Hill and French (1967) investigated the perceived power of department chairmen as determined by professors in five state-supported four-year colleges. Hill and French's study did look at perceptions of power. However, instead of the chairperson's view of power they looked at the perception of the power of the chairperson as viewed by the professors. They found the greater the perceived power of the chairmen by the professors, the greater the level of satisfaction of the professors. The professors did not increase their professional research or other activities as correlated with the perceived power of the chairpersons.

Busch (1980) measured the power usage in a sales manager-sales representative relationship to explain sales representative satisfaction and/or performance. Busch's study examined the manager's perceptions of power. The difficulty in relating his study to this current study of female executives is that his sample was all male. Busch's study does indicate some correlation between satisfaction of employees and the employee's perceptions of the manager's power. Busch found that expert power and referent power held by the manager were most highly correlated to salespersons' satisfaction with sales managers' supervision within three sales firms. These results are similar to the previous study. Hill and French's

study also showed a correlation between employee satisfaction and high perceived power of managers. This may be a strong indicator for the need of nurse managers to have power or at least be perceived to have power to increase the satisfaction of employees.

The next section recounts studies involving power related to the nursing profession. The Heineken and Wozniak study specifically addresses perceptions of power held by nurses.

Nursing Power Research

Bush (1988) explored the relationship of locus of control and perceptions of powerlessness and their joint effect on job satisfaction. The sample for this study was 145 Registered Nurses from six hospitals which varied in size. The nurse sample included staff nurses as well as nurse managers. There was no differentiation in the results in terms of levels of authority. Although this study does deal with nurses, the lack of differentiation of position makes it difficult to determine the relationship between perceptions of powerlessness and satisfaction among the different levels of nurses. Bush's results showed feelings of powerlessness were negatively related to job satisfaction in teaching hospitals. In non-teaching hospitals there was a minimal correlation between the two. The difference was attributed to the nonteaching hospital environment being less complex; therefore, perceptions of powerlessness was not an issue.

Heineken and Wozniak (1988) utilized the Cavanaugh Power

Orientation Scale to determine if nurse managers in first, middle, and executive level managerial positions have different orientations to power. Their results and interpretation follow. Results showed managerial groups do not share significantly different power perceptions on the Power as Instinctive Drive, Power as Resource Dependency, Power as Good, and Power as Charisma subscales. Nurse executives in their study believed in order to acquire and maintain power, an individual must demonstrate political knowledge and skills. The mean scores of executive nurses on the Power as Political subscale were significantly higher than those of first level managers. The nurse executives also had a greater conviction that power holders need to control others to maintain their own autonomous position. Executives in Heineken's study had a mean score of 11.76 out of 14 in the subscale of Power as Political. The nurse executives did view Power as Good meaning they viewed power as good and useful within the organization. The mean score of executives for Power as Good was 30.20 out of a possible 35. In the Power as Control and Autonomy subscale, the nurse executives' mean score was 19.44 out of 28. This score indicates the nurse executives in this sample viewed power as involving the rewards and punishments given to others and personal freedom from external control. In the Power as Resource Dependency subscale, nurse executives' scored 15.32 out of a possible 28. This would indicate the nurse executives did not place a high

value on control of resources, especially information. In Power as Instinctive Drive, the nurse executives scored 16 out of a possible 21. This would indicate they tend to perceive the desire for power to be quite natural. In the Power as Charisma scale, the mean score was 10.04 out of 14. This would indicate these nurse executives viewed power as something to be held in reserve and used when needed.

The Heineken and Wozniak study is useful in that it determined the differences in perceptions of various levels within the nurse hierarchy. The results of the comparison between these groups are not applicable in the comparison between female nurse and business executives. The scores of the nurse executives in the sample can, however, be used to note similarities or differences in power perceptions with the nurse executive in this current study.

In the following section power research related to gender utilizing diverse sample groups is addressed.

Gender and Power Research

Molm (1986) examined how men and women actually use power under conditions of structural power imbalances. Although this study reflects the uses of power in varying situations it does not address the perceptions of power one holds. The sample for this study was 80 female and 80 male undergraduate students. The results showed that the actual power structure, socialization, and status expectations are related in their effects on power use. The results showed an absence of sex

differences in power use. The sex of the more powerful person, as determined by the roles they were given, did not affect power use. Men and women were equal in how they used power. Since school is where much of one's role socialization is determined the results of this study are surprising. Socialization, and its' effect on views and actions, is indeed complex. Gender socialization is most likely a factor in the Molm study, however, it does not appear to be a predominant one.

In another gender based comparative study, Stahl and Harrell (1982) concluded there were no apparent differences between sexes in the need for achievement, power, and affiliation. Seven different sample groups were used in this study. Two of the seven groups were managers or management oriented. The two groups were accounting partners in one of the "big eight" accounting firms in the Southeast and Air Force Institute of Technology officer management graduate students. Although Stahl's study addressed the need for power, it did not address perceptions of power. The percentage of women in the Air Force officer sample and the accountant sample was not given. The need for power was dominant in the accounting executives and the Air Force officers in the study. The author did note there were not enough managers in the study to thoroughly investigate managerial profiles in power.

Role Theory and Studies

Roles are very dynamic. Roles encompass the behavior of individuals as well as what they do as an occupant of the position they hold (Macoby, Newcomb, & Hartley, 1958).

The roles one takes on is one of the variables which may influence one's feelings about power use and perceptions of power. Gross, Mason, and McEachern (1958) group definitions of role into three categories, one of which is an individual's definition of his situation with reference to his and others' social positions. "Role implies that certain emotional values or sentiments tend to be injected, in any human activities that involve give and take relationships with others, either into the activities themselves, or into the reciprocal relationships, or both" (Perlman, 1961, p.376). The role one takes on, therefore, is a combination of the expectations one has of one's self, the expectations of peers and others within the organization and the relationship between these. For a nurse the role defining process begins as she starts her career as a student nurse. As the nurse assumes her first position as a staff nurse the role is somewhat redefined. The role evolves as the expectations of the nurse herself and her superiors change. As the nurse rises in the hierarchy of the hospital the role continues to change and be redefined as expectations are changed.

According to Simpson and Simpson (1969), twenty years ago socialization of nurses tended to lead toward subservience.

More women now attend colleges and universities in this decade. In 1960, 138,000 females received bachelor degrees and 24,000 received Master's degrees. In 1986, 502,000 females received bachelor degrees while 145,000 received Master's degrees (U.S. Bureau of the Census, 1989). This same trend is evident in the nursing profession. In 1967-68, 1,615 nurses received master's degrees. During 1986-87, 6,029 nurses received master's degrees. The 1986-87 statistic shows a 42 percent increase of the number of master's graduates from the previous year (Nursing Data Review, 1988). There has been a significant increase in more highly educated women during these two decades. The implications of this astounding increase is that educated women are far more confident in their roles and ready for the responsibilities and challenges which executive positions offer. When other colleagues are at least Master's prepared, women will gain more credibility by the very fact that they are equally educated. This will help the female executive to work effectively with other executives in the organization.

By tradition nurses tend to rise from the ranks to positions of authority. The nurse executive has generally been a nurse first after which the nurse may take on an executive role. This "rite of passage" is somewhat different from the female who initially enters college to prepare for a business role. The role defining process for business executives starts with courses which emphasize the business,

leadership and management skills used in the business world whereas nurses learn to care for patients. Nurses do receive training in leadership and management skills; however, it is not a major focus of their program. In a Wisconsin study of 11 BSN programs, Schank and Stollenwerk (1988) found all schools indicated they had a specific course in leadership/management or the content was at least part of another course. However, given the total nurse curriculum, one course may not be considered an adequate preparation for management responsibilities. It should be noted here that this study may not be indicative of nationwide BSN programs.

As nurses are learning to care for patients, they are being taught to assess their clients and intervene in possible life threatening situations. They see their role as advocates of the patient. During this period of their education and in their initial staff nurse positions, management is seen as an abstract concept when compared to the clinical care of the patient. However, at the same time, with staff shortages and high patient censuses, management of their time and managing total patient care plays an ever increasing role in their effectiveness. New nurses do not often see themselves as managers when, in fact, they manage on a daily basis.

Scalzi (1988) conducted a study with nurse executives in California. Although Scalzi's role studies are not role socialization studies they attempt to help executives understand the pressures they face in their positions related

to role. Her results showed the major source of job stress in this group was overload. Overload included the following: conflicting expectations from hospital administration and the nursing department, too large a span of control, too many job expectations, and difficulties related to managing personal time.

In this chapter various studies about role, socialization, power, and gender were presented. It shows a range of differing views of power. Diverse sample groups were utilized. However, there are few studies reported in the literature which include nurse executives. Power has been studied in the context of relationships, personal power, the need for power, and differences in the use of power by males and females. Clearly, there is a large body of knowledge concerning the many aspects of power. Much has been reported on what women should do to be powerful. However, perceptions of power have rarely been reported in the literature.

Chapter III describes in detail the research design, setting, sample, and instruments utilized in this study. The data collection methods and choice and reasons for selection of specific statistical tests are also presented.

CHAPTER III

Research Design and Methodology

Chapter II was a review of the literature pertaining to power, which is the main focus of this study.

This chapter describes in detail the research design, setting, population (sampling criteria), the instrument used in data collection, the data collection method and procedures performed in this study.

This was a survey design study which utilized a questionnaire mailed to a nationwide sample of female nurse executives and female business executives. Data collection took place during the period November 1989 to January 1990. The research proposal, introductory letter, and questionnaire were approved by the State University at Buffalo School of Nursing Human Subjects Committee (Appendix D). Permission was received in writing by one of the authors of the Power Orientation Scale for use in this research (Appendix E). The population from which the sample was randomly selected was members of the American Organization of Nurse Executives (AONE) and members of the National Association for Female Executives (NAFE). AONE has a membership of 4,000. NAFE's membership is 200,000. Both organizations provided a computerized randomly selected list of 75 members.
Students, middle managers, and executives may join both NAFE and AONE. The random list from AONE did reflect only their

executive membership while the list from NAFE did not.

An introductory letter, demographic questionnaire, Power Orientation Scale, and a return-addressed stamped envelope were mailed to 75 randomly selected executives from each group. Reminder postcards were sent to all executives two weeks after the initial mailing of the questionnaire. Ninety-six percent of all returned questionnaires were received within two weeks of the initial mailing of the questionnaires. The reminder postcards did not have an impact on the rate of return of the questionnaires; only three questionnaires were returned after this mailing. One additional questionnaire was received too late to be included in the data analysis.

Instruments

A demographic questionnaire (Appendix B) and the Cavanaugh Power Orientation Scale (Appendix C) were sent to all executives.

The demographic questionnaire asked for age ranges, highest education level, years in their profession, annual income, number of people supervised, and position on the organizational chart of their organization. No names were noted or asked for to maintain the anonymity of responses.

The Cavanaugh Power Orientation Scale has 40 items. Respondents were asked to give their opinion about 40 statements relating to power. The scale utilized a Likert Scale from -3 (I disagree very much) to +3 (I agree very

much). Respondents noted the number from the Likert Scale which best described their opinion about that statement. Their answers were recorded on the questionnaire. This scale does not determine if one has power, only how power is perceived by the respondent.

Power orientation, as viewed by the author of the scale, is measured by six factors. They are Power as Good, Resource Dependency, Political, Instinctive Drive, Charisma, and Control and Autonomy. The Power as Good factor is measured by scale items 5, 16, 18, 32, and 37. The Power as Resource Dependency factor is measured by items 6, 7, 19, and 20. The Power as Political factor is measured by items 28 and 40. Items 11, 23, and 34 measure the Power as Instinctive Drive factor while items 24 and 31 measure the Power as Charisma factor. Power as Control and Autonomy is measured by items 1, 3, 12, and 30. The scores for each power factor are derived by adding the scores of the identified items from the power scale questionnaire. A constant of 4 is added to the response to each item scored. The signs for items 5, 18, and 37 were reversed before adding the constant of 4.

Twenty out of the 40 questions are utilized for scoring responses. The 20 items not used for scoring are filler items. "They were included to make it more difficult for respondents to make inferences about the scale's purpose and to provide 'socially desirable' rather than honest answers" (Al Goldberg, personal communication, January 22, 1990 -

APPENDIX F).

Reliability and Validity

Reliability is "the degree of consistency or dependability with which an instrument measures the attribute it is designed to measure" (Polit & Hungler, 1987, p. 535).

The reliability of the Cavanaugh Power Orientation Scale has been tested. Results in complete detail are reported in Goldberg, Cavanaugh, and Larson (1983). Subjects selected for the reliability study (a) were in supervisory positions or higher; (b) were perceived as being in power; (c) interacted with individuals whom others perceived as being in positions of power; or (d) participated in policy decisions which had an effect on the group as a whole. The sample consisted of corporate executives and managers, law enforcement officers, real estate sales associates, and government management personnel. Factor analysis techniques used in the construction of the scale to guarantee high inter-correlations among items comprising a given factor were considered biased in favor of the instrument. Test-retest reliability of the scale was explored using forty undergraduate college students. They were administered the scale initially and after a three week time lapse. Moderate to strong reliabilities were found for the six factor scores. Test-retest correlations of power orientation scores ranged from .49 to .83. The lower reliabilities were associated with factors comprised of a smaller number of items. These are

the Power as Charisma and Power as Political factors which use two questions each for scoring purposes. (Goldberg et al, 1983).

Validity is "the degree to which an instrument measures what it is intended to measure" (Polit & Hungler, 1987, p. 538). The manner in which the Power Orientation Scale was constructed is a strong basis for content validity. Fifty-four subjects (District Court Judges, branch mangers of a large metropolitan real estate firm, and business leaders) were given an open ended questionnaire designed to evoke their positive and negative reactions to being in a position of power and their attitudes about various bases of power. Out of this questionnaire 37 dimensions of power were identified. These groups were used because it was felt power was likely to be exercised in their settings.

There were two statements about power for each of 37 dimensions of power. These statements represented the meanings associated with the particular dimension (for example, political or charismatic) of power. Participants from the sample groups then responded to a 74 item, preliminary power orientation likert-type scale. The six point scale indicated the extent to which they agreed or disagreed with each item. Correlation of factor loadings across the samples was performed. At $p<.05$ comparability across samples was significant. The preliminary 74 item scale was reduced to 40 items. The items dropped were ones that did not contribute

to the measurement of the six factors. The six factors or dimensions of power were derived from a comparison and data analysis of similarities of factor structures in all samples (corporate,government, sales, law-enforcement). All six orientations to power were common to all groups.

The predictive and concurrent validity was also established through the studies using law enforcement officers, judges, executives, and managers (Goldberg et al , 1983).

Data Analysis Plan

"The t-test is a parametric statistical test used for analyzing the difference between two means" (Polit & Hungler, 1987, p.537). The t-test was chosen to determine any significant differences between the mean power factor scores of the nurse and business executive groups.

"Analysis of variance (ANOVA) is a statistical procedure to test the effect of one or more treatments on different groups by comparing the variability between groups to the variability within groups" (Polit & Hungler, 1987, p. 525). Analysis of variance was chosen to determine if there was a significant difference in power perceptions between groups based on age, years in the profession, highest education level, position on the organizational chart, and annual income.

Frequencies examined all demographic data to determine the number of respondents in each category of age, highest

education level, years in the profession, annual income, number of people supervised, and position on the organizational chart.

Chi-square deals with relationships existing among selected categories. "Chi-square deals with the research question of whether membership in one category affects membership in another. If there is no relationship, the categories are considered independent of one another. The chi-square is based on the relationship between the expected number of subjects that fall into a category and the actual number of subjects" (Munro, Visintainer, & Page, 1986, p. 127-128). The Chi Square test was conducted to examine the relationships between demographic variables and the individual groups.

Multiple regression analysis "is a method used for understanding the effects of two or more independent variables on a dependent measure" (Polit & Hungler, 1987, p. 423). The Stepwise multiple regression was used for this analysis. This method takes all potential predictors and chooses the combination of variables providing the most predictive power. The Stepwise multiple regression was performed for each power factor for each executive group and the demographic variables of age, highest education level, years in profession, annual income, number of people supervised, and their position in the organizational hierarchy as determined by the organizational chart. This was done to determine which demographic variable

contributed the most significant variance in each power factor.

This chapter reviewed the design and methodology used for this research project. Chapter IV includes detailed results and interpretation of findings.

CHAPTER IV

Analysis of Data

Chapter III provided a description of the research and design of this study.

This chapter describes the sample size and the demographics of the sample. The findings obtained in this study and statistical analysis of the results are also discussed.

Sample and Response

The Power Orientation Scale and demographic questionnaire were sent to 75 female nurse executives and 75 female business executives. Thirty-four female business executives and 42 female nurse executives returned the questionnaires. The overall response rate was 51%. The nurse executive response rate was 56% and the business executive response rate was 45%. The respondents represented 33 states **(APPENDIX G)**.

Sample Characteristics

Ninety-six percent of the sample was white.

Forty-one percent of the business sample were in the age group of 30-39 with 24% between the age of 20-29. Thirty-five percent of the nurse sample was between the ages of 50-59. Twenty-nine percent fell in both the 30-39 and 40-49 age group of the nurse executives. Complete age group characteristics are presented in **TABLE 1.**

TABLE 1

AGE GROUP CHARACTERISTICS OF NURSE AND BUSINESS EXECUTIVE RESPONDENTS

AGE	NURSE N=42 no.	%	BUSINESS N=34 no.	%
20-29	0	0	8	24
30-39	12	29	14	41
40-49	12	29	7	20
50-59	15	35	5	15
60-69	3	7	0	0
TOTAL	42	100	34	100

Fifty-three percent of the business executives held Bachelor degrees while 29% of the nurse executives held Bachelor degrees. Nineteen percent of the business sample held Master's degrees and 55% of the nurse sample held Master's degrees. Seven percent of the nurse executives held Doctoral degrees (see **TABLE 2**).

TABLE 2

HIGHEST EDUCATION LEVELS OF NURSE AND BUSINESS EXECUTIVE RESPONDENTS

HIGHEST EDUCATION LEVEL	NURSE N=42 no.	%	BUSINESS N=32[a] no.	%
Less than Bachelor degree	4	10	9	28
Bachelor Degree	12	29	17	53
Master's Degree	23	55	6	19
Doctoral Degree	3	7	0	0
TOTAL	42	100	32	100

[a] 2 individuals did not respond to this question

Fifty-nine percent of the business executives were in their professions less than 10 years, 31% between 11-20 years, and nine percent of the sample in the profession over 20 years. Forty-four percent of the nurses were in the profession from 11-20 years with 56% of the nurses in their professions for 21-40 years. **TABLE 3** shows complete data of the years in the professions of both groups.

TABLE 3

NUMBER OF YEARS IN PROFESSION OF NURSE AND BUSINESS EXECUTIVE RESPONDENTS

YEARS IN PROFESSION	NURSE N=41[a] no.	%	BUSINESS N=32[b] no.	%
1-10	0	0	19	59
11-20	18	44	10	31
21-30	16	39	2	6
31-40	7	17	1	3
TOTAL	41	100	32	99

[a] 1 individual did not answer this question
[b] 2 individuals did not answer this question

The average salary range of business executives was $40-49,999, and for nurse executives $50-59,999. Twenty-four percent of the business executives' salaries were in the $40,000-49,999 range with 27% in the $50,000-59,999 range. Thirty-eight percent of the nurses' salaries were in the $40,000-49,999 range with 28% in the $50,000-59,999 range. **TABLE 4** shows data of the annual incomes for both groups.

TABLE 4

ANNUAL INCOME OF NURSE AND BUSINESS EXECUTIVE RESPONDENTS

ANNUAL INCOME	NURSE N=42		BUSINESS N=34	
	no.	%	no.	%
<$20,000	0	0	2	6
$20-29,999	0	0	7	21
$30-39,999	2	5	3	9
$40-49,999	16	38	8	24
$50-59,999	12	28	9	27
$60-69,999	2	5	2	6
$70-79,999	7	17	1	3
$80-89,999	2	5	2	6
$90,000 +	1	2	0	0
TOTAL	42	100	34	102

Sixty-seven percent of the business executives supervised 1-25 people. Sixty-four percent of the nurse executives supervised more than 101 people. **TABLE 5** shows the number of people supervised by both groups. It is important to note here that the question did not specify direct or indirect supervision which may have led to results which are not comparable.

TABLE 5

NUMBER OF PEOPLE SUPERVISED BY NURSE AND BUSINESS EXECUTIVE RESPONDENTS

NUMBER OF PEOPLE SUPERVISED	NURSE N=42 no.	%	BUSINESS N=34 no.	%
0	0	0	7	21
1-25	12	29	23	67
26-50	1	2	2	6
51-75	1	2	0	0
76-100	1	2	2	6
101+	27	64	0	0
TOTAL	42	99	34	100

The Chief Executive Officer (CEO) position was designated one with every position below the CEO increasing by one number. Twenty-three percent of the business executives were CEO's. Twenty-three percent of the business executives were in position two with 16% in position three. Thirty-five percent of the nurse executives were in position two with 52% in position three (see **TABLE 6**).

TABLE 6

POSITION IN ORGANIZATION IN THE CONTEXT OF THE ORGANIZATIONAL CHART OF NURSE AND BUSINESS EXECUTIVES

POSITION IN ORGANIZATION	NURSE N=40[a] no.	%	BUSINESS N=31[b] no.	%
CEO	0	0	7	23
2	14	35	7	23
3	21	52	5	16
4	3	7	2	7
5-9	1	3	8	26
10 and lower	1	3	2	7
TOTAL	40	100	31	100

[a] 2 individuals did not answer this question
[b] 3 individuals did not answer this question

Data Analysis

The power orientation mean scores, as shown in **TABLE 7**, of both the nurse and business executives were nearly identical. This indicated their views of power, as determined by the six power factors, were similar. With the t-values as shown in **TABLE 7** and the $p > .05$, no significant differences were found between groups.

TABLE 7

RESULTS OF T-TESTS ON TOTAL POWER MEAN SCORES OF FEMALE NURSE AND BUSINESS EXECUTIVES

POWER FACTOR	NO.	MEAN	SD	t-VALUE	P
Power as Good					
Business	32	29.09	3.10	-1.61	.11
Nurse	41	30.48	4.05		
Power as Resource Dependency					
Business	33	17.85	5.71	.94	.35
Nurse	42	16.50	6.52		
Power as Instinctive Drive					
Business	34	15.21	3.71	.40	.69
Nurse	42	14.86	3.91		
Power as Political					
Business	34	10.00	3.38	-.74	.46
Nurse	42	10.57	3.29		
Power as Charisma					
Business	34	9.29	3.43	-.26	.80
Nurse	42	9.48	2.76		
Power as Control and Autonomy					
Business	33	18.30	4.41	.97	.34
Nurse	42	17.24	4.99		

One-way ANOVA was performed to determine if there were significant differences in power perceptions based on age, highest education levels, position on the organizational chart, annual income, and the number of years in the profession. The t-test showed there were no significant differences between mean power factor scores. Therefore, the following analyses were performed by combining the nurse and business executive groups. Significant difference was found in the Power as Resource Dependency factor among the number of years in the profession. The Scheffé test showed the group which had been in the profession for 31-40 years (Group 4) was significantly different from those who had been in the profession 1-10 years (Group 1) and 11-20 years (Group 2).

Group four had a lower mean score than Groups one and two (see **TABLE 8**). This would mean Group four did not value the possession and control of resources, especially information as highly as the other groups. It may be that when one is in a profession for fewer years one feels the need to control more resources and information in order to feel more powerful and in control in one's position.

TABLE 8

MEAN SCORES AND SD OF POWER AS RESOURCE DEPENDENCY BY THE NUMBER OF YEARS IN THE PROFESSION

GROUPS[a]	1	2	3	4
MEAN	18.90	18.76	14.78	11.75
SD	5.40	5.08	6.87	6.20
n	20	29	16	8

F (3,71) = 4.74

P = .005

[a] Group 1 = 1-10 years
Group 2 = 11-20 years
Group 3 = 21-30 years
Group 4 = 31-40 years

One-way ANOVA indicated a significant difference in the Power as Charisma factor among the annual income groups. Scheffé test showed those with an annual income of <$29,999 (Group 1) differed significantly from those with an annual income of $30-39,999 (Group 2) and those with an annual income of $50-89,999 (Group 4). Group one's mean score was lower than Groups two and four (see **TABLE 9**). This would mean they do not place as high a value on the view of power as an ability to take strong action or to evoke emotional responses in others. Also, they do not believe as strongly that individuals respond differently to those they perceive as powerful as the other groups do. Those with a low salary may not feel a sense of power. They may feel their position in

the organization is not strong. Therefore, they would probably be less likely to feel entitled to take strong actions towards others in the organization.

TABLE 9

MEAN SCORES AND SD OF POWER AS CHARISMA BY ANNUAL INCOME

GROUPS[a]	1	2	3	4
MEAN	6.75	10.08	9.00	10.47
SD	3.84	2.57	2.79	2.40
n	12	24	21	17

F (3,70) = 2.45

P = .027

[a]Group 1 = <$29,999
Group 2 = $30-39,999
Group 3 = $40-49,999
Group 4 = $$50-89,999

In the Power as Control and Autonomy factor and the number of years in the profession, one-way ANOVA showed overall significance (p=.05), however, Scheffé tests of the pair-wise group comparisons did not indicate significance (see **TABLE 10**).

TABLE 10

MEAN SCORES AND SD OF POWER AS CONTROL AND AUTONOMY BY THE NUMBER OF YEARS IN PROFESSION

GROUPS	1	2	3	4
MEAN	19.10	17.59	18.17	13.63
SD	4.35	4.50	4.93	4.60
n	20	29	18	8

F (3,71) = 2.81

P = .05

[a]Group 1 = 1-10 years
Group 2 = 11-20 years
Group 3 = 21-30 years
Group 4 = 31-40 years

Chi Square statistical analysis was done to compare the demographic data with both the nurse and business groups. The purpose of this analysis was to examine the relationship between the professional groups and the following demographic variables: age, highest education level, years in the profession, annual income, number of people supervised, and organizational chart number. Ethnic background was not included since 96% of the sample was white.

The total sample showed 50% fell between 40-59 years, with approximately 33% between the ages of 30-39. There is a relationship between age and the professional group to which they belong. Thirty-five percent of the business sample was

over forty years of age with 72% of the nurse sample over the age of 40 (Chi Square=16.8, df=4, p=.002). On the average, nurse executives tend to be older than business executives.

A significant difference was noted in the number of years in the profession. Fifty-six percent of the business executives had been in the profession 1-10 years with no nurse executives in that year range (Chi Square=14.7, df=3, and p=.002). The individuals in the business group have clearly been in their professions for fewer years than the nurse executives. The socialization to the roles of nurse and business executives may provide the key to these differences. Nurses begin their careers as staff nurses and through experience and time they advance through the ranks to executive positions. Since this advancement generally takes years to accomplish, the results of higher age ranges and higher numbers of the years in the profession of the nurse executives can probably be explained. The differences may also reflect the sample selection process of both organizations.

There is a relationship between the highest education level and the professional group to which they belong (Chi Square=14.7, df=3, and p=.002). Fifty-three percent of the business group held bachelor's degrees while 19% held master's degrees. In the nurse executive group 29% held bachelor's degrees, 55% held master's degrees, and seven percent held doctoral degrees. The nurse executives have significantly

greater numbers of master's and above educated group members. The number of highly educated nurses may be due to the current nationwide emphasis on further education.

Annual income was also related to the group (Chi Square=17.1, df=8, and p=.028). Fifty percent of the business group had annual incomes of $40,000 - 59,999, while 67% of the nurse group had incomes in the same range. Eight percent of the business group's annual income was above $70,000, whereas 21% of the nurses annual income was above $70,000.

A relationship was shown between the group and number of people supervised (Chi Square=36.4, df=5, and p<.0001). Sixty-seven percent of the business group supervised 1-25 people, whereas 64% of the nurse group supervised more than 101 people. Since a distinction between direct and indirect supervision was not made on the demographic questionnaire these results are not necessarily comparable. However, the nurse executive does control a significant portion of human resources in the health care setting. With large numbers of employees under the authority of the nurse executive, a strong power base exists. This may give the nurse executive many types of power, if used appropriately. Whether the power is used effectively is dependent on each individual.

A significant relationship was also shown between groups and their position on the organizational chart (Chi Square=25, df=7, and p<.0007). Sixty-one percent of the business group were in the top three positions with 88% of the nurses in the

same positions. In the business executive group there were fewer people in each level; there was a larger spread than the nurse executive group. This may be due to the number of executive layers often present in business corporations. There may be more branches of an organization where executives are in top management positions, but in terms of the organizational chart are many layers removed from the CEO. It also may reflect membership eligibility in AONE and NAFE. Students, middle managers, and executives may join both NAFE and AONE. The random list from AONE did reflect only their executive membership while the list from NAFE did not. Thirty-five out of 40 nurse executives were one and two levels beneath the CEO. This seems to indicate nurse executives are in top positions of power.

Johnson (1989) supports the belief that it is necessary for nurse executives to have a positive perception of power and to use that power effectively. [illegible] states that "when power is legitimated it becomes authority. Authority may be displayed in the power to fire, control salaries and control promotion opportunities" (p. 162). It is also reasonable to believe that one's position in the organization is important in how much power one is perceived to have. When an executive has reached a top position in an organization she is, usually, perceived to have power.

The multiple regression analysis was performed to examine what, if any, variables influenced one's views of power.

Among the six predictors, in the female business executive group the number of years in the profession appeared to have the most significance in determining their views of power.

In the Power as Resource Dependency factor 32% of the variance was explained by the number of years in the profession. Eighteen percent of the variance in the Power as Political factor was also explained by the number of years in the profession. In the Power as Control and Autonomy factor, the number of years in the profession explained 18% of the variance. The longer they are in the profession the more they value these aspects of power. In the Power as Instinctive Drive factor the position on the organizational chart provided 19% of the variance in the business executive group. No relationship was found between the Power as Good and the Power as Charisma total scores and the demographic variables in the business group. **TABLE 11** shows these results.

The number of years in the profession which accounted for the most variance in three of the power scores may be due to the fact the longer one is in a position or field the more control one feels one has. Another explanation may be that learning one's way around the business world alone provides one with a sense of power which could affect one's perception of power.

TABLE 11

RESULTS OF MULTIPLE REGRESSION FOR SELECTED POWER FACTORS FOR BUSINESS EXECUTIVES [a]

POWER FACTOR	VARIABLE	R^2	P
Power as Resource Dependency	Years in Profession	.321	.002
Power as Instinctive Drive	Position on Organiz. Chart	.194	.018
Power as Political	Years in Profession	.184	.023
Power as Control and Autonomy	Years in Profession	.182	.026

[a] as identified by Stepwise Multiple Regression

In the nurse executive group age accounted for the most variance (19%) in the Power as Resource Dependency factor. No other variables were identified as significant to the nurse executive's view of power (see **TABLE 12**). The age of executives which accounted for the most variance in the Power as Resource Dependency factor may also be due to similar factors as the number of years in the profession. However, the number of years in the profession did not account for significant variance in the nurse group.

TABLE 12

RESULT OF MULTIPLE REGRESSION FOR SELECTED POWER FACTORS OF NURSE EXECUTIVES [a]

POWER FACTOR	VARIABLE	R^2	P
Power as Resource Dependency	Age	.188	.005

[a] as identified by Stepwise Multiple Regression

Heineken et al (1988) studied 3 levels of nurses utilizing the same Power Orientation Scale which was used in this comparative study. Results from the nurse executives in the Heineken and Wozniak study and this study were compared. The mean scores of the six power factors of the nurse executives in their group were nearly identical to the nurse executives in this study. Results of this comparison are shown in **TABLE 13.** The results of this study appear to support the Heineken and Wozniak findings of their nurse executive group.

TABLE 13

COMPARISON OF NURSE EXECUTIVE MEAN POWER FACTOR SCORES

POWER FACTOR	FOTI STUDY MEAN SCORES	HEINEKEN & WOZNIAK STUDY MEAN SCORES
Power as Good	30.48	30.20
Power as Resource Dependency	16.50	15.32
Power as Instinctive Drive	14.86	16.00
Power as Political	10.57	11.76
Power as Charisma	9.48	10.04
Power as Control and Autonomy	17.24	19.44

Summary

This study was a survey of female nurse executives and female business executives with the purpose of comparing their power orientations. Results showed their perceptions of power are not significantly different.

The demographic variables were age, highest education level, number of years in the profession, annual income, number of people supervised, and their position in the organization.

The statistical tests used were t-test, one-way ANOVA,

Chi-Square, and Stepwise Multiple Regression. A comparison of data from this study to the Heineken and Wozniak 1988 study was presented in **TABLE 13.**

Chapter V includes a summary of this study, conclusions, as well as, suggestions for future research.

CHAPTER V

Summary, Conclusions, and Recommendations for further research

Chapter IV included a complete analysis of the research findings. There was no significant difference between the power perceptions held by Female Nurse and Female Business Executives.

This chapter includes a summary of previous chapters, discussion, and recommendations for future research.

Purpose

The purpose of this study was to compare the power perceptions held by female nurse executives and female business executives.

Theoretical Base

This study utilized the role theory of socialization which states roles are learned and determined by the expectations one has of one's self, and the expectations of one's peers and others in both the educational system and in the employing organization. The expectations of the organization itself also determines one's role. A role incorporates an individual's understanding of the environment, using as a reference one's own and others social positions.

Sample

The two groups used for this study were 75 female nurse executives and 75 female business executives who were members of the American Organization of Nurse Executives and the National Association for Female Executives respectively.

Design

This was a survey study to determine the power perceptions held by female nurse and female business executives. Questionnaires were sent to both groups. The demographic variables were age, years in the profession, number of people supervised, position on the organizational chart, highest educational level, and annual income.

Power perceptions were measured by six power factors as determined by the Cavanaugh Power Orientation Scale. The power factors were Power as Good, Power as Charisma, Power as Control and Autonomy, Power as Instinctive Drive, Power as Resource Dependency, and Power as Political. The demographic variables were tested to determine their effect on the six power factor mean scores of both groups.

Results

The findings of this study showed there were no significant differences between the power perceptions held by female nurse executives and female business executives. In the nurse executive group age contributed the most variance

to the Power as Resource Dependency power factor. In the business executive group years in the profession contributed the most variance in the Power as Resource Dependency, Power as Political, and Power as Control and Autonomy factors. The position on the organizational chart contributed the most variance in the Power as Instinctive Drive factor.

One-way ANOVA showed there were no significant differences in power perceptions held by female nurse and female business executives based on highest education level, position on the organizational chart, and number of people supervised, age and position on the organizational chart. There were significant differences in power perceptions based on the number of years in the profession in the Power as Resource Dependency factor. Scheffé tests showed the group which had been in the profession for 31-40 years was significantly different from those who had been in the profession 1-10 years and 11-20 years. There were also significant differences in the Power as Charisma factor and annual income. Scheffé test showed those with an annual income of <$29,999 (Group 1) differed significantly from those with an annual income of $30-39,999 (Group 2) and those with an annual income of $50-89,999 (Group 4).

Research Questions

1. Is there a significant difference between the power perceptions held by female nurse executives and female

business executives?

Results: The t-test showed there were no significant differences in the power perceptions held by female nurse and business executives.

Related Research Questions

1. Is there a difference in power perceptions based on educational levels?

Results: There were no significant differences in power perceptions based on educational levels.

2. Is there a difference in power perceptions based on the executive's position on the organizational chart?

Results: There were no significant differences in power perceptions based on their position on the organizational chart.

3. Is there a difference in power perceptions based on age?

Results: There were no significant differences in power perceptions based on age.

4. Is there a difference in power perception based on annual income?

Results: There were significant differences at the .05 level in power perceptions based on annual income. The group with an annual income of < $29,999 differed significantly from the groups with income ranges of $30-39,999 and $50-89,999 in

the Power as Charisma factor.

5. Is there a difference in power perceptions based on the number of years in the profession?

Results: There were significant differences in power perceptions based on the number of years in the profession. The group which had been in the profession for 31-40 years was significantly different from those who had been in the profession 1-10 years and 11-20 years in the Power as Resource Dependency factor.

6. Is there a difference in power perceptions based on the number of people supervised?

Results: There were no significant differences in power perceptions based on the number of people supervised.

Conclusions and Implications

The executives in the business group in this study have been in their professions fewer years than the nurse executives. Socialization to the roles of nurse and business executives may be a significant factor. Nurses begin their careers as staff nurses and through experience and time they advance through the ranks to executive positions. This advancement generally takes years to accomplish, therefore the higher age ranges and increased number of the years in the profession in the nurse executive group can probably be explained by this.

The nurse executives have greater numbers of master's and above educated group members. The number of highly educated nurses may be due to the current nationwide emphasis on further education. The nursing profession for years has been attempting to standardize the education of registered nurses. The baccalaureate degree is the choice for entry into the profession. Master's prepared nurses are preferred for middle management and executive positions. Although the profession has not reached these goals, more emphasis is being placed on accomplishing the increase in levels of educations. More and more, health care facilities are offering tuition reimbursement to encourage nurses to seek higher education. This trend will hopefully continue in future years.

Thirty-five out of 40 nurse executives in this study were one and two levels beneath the CEO. In the business executive group there were fewer people in each level and there was a larger spread than the nurse executive group. This indicates the nurse executives in this study are in top positions of power. Another reason for the large spread of business executives in the levels of the organization may be that they are in highly autonomous executive positions but at a lower level in the organizational structure. This would be more likely to occur in large national or multi-national corporations with many branches. There may be more branches of an organization where executives are in top management positions, but in terms of the organizational chart are many

layers removed from the CEO.

The number of years in the profession were highly related to the views of power. This may be explained by the fact the longer one is in a position or field the less control one feels one needs due to the experience one has had. The socialization to role that one experiences and the longer one is in a position of power, the more one learns about the organization itself. This individual may then use the strength of her position or even use the position to develop a power base within the organization. This leads to feeling more powerful and as a result gaining more power. Therefore, one would expect strong and positive views of power from individuals in this situation. Through time and experience, learning the formal and informal structures and policies within the organization may provide one with a sense of power which may alter one's perceptions of power.

Many of these differences may also reflect the membership eligibility in AONE and NAFE. Students, middle managers, and executives may join both NAFE and AONE. The random list from AONE did reflect only their executive membership while the list from NAFE did not.

Due to the difference in socialization to their respective roles, one would expect differences in the perceptions of power held by nurse and business executives. In this study, the nurse and business executive's perceptions of power were similar. One would have expected them to be

different. It may be that gender socialization was a more significant contributor to their views of power than their socialization to role. If gender socialization was the overriding factor, overcoming even organizational role socialization, one would expect all women to hold similar views of power. Moreover, if gender socialization was the major influencing factor one would expect women to have low scores on the power factors. This would have reflected the socialization which does not generally encourage strength and power behavior in women.

Role theory says that the combination of different organizational environments and expectations from one's self, peers, and others in the organization is what contributes to the role one assumes. With the different organizational climates and expectations of nurse and business executives (at least initially), one would expect dissimilar views. Another reason which may account for similarity in views could be the fact they are in executive roles. Just by virtue of holding an executive position may make them feel powerful. If they feel they are powerful, it tends to be a self fulfilling prophecy whereby they become powerful. They feel powerful therefore they are powerful. This would tend to encourage strong views of power in a positive sense. Another factor which may have led to the similarity in views may be the fact that the women in this study are highly educated. The educational environment tends to promote free thinking even

if that thinking goes against the norm. In a graduate school environment, more emphasis is generally placed on the use of organizational and management skills. A graduate student would tend to believe anything is possible with the right combination of knowledge and power. This would be carried to the work setting which would encourage the development and use of power. Power, here, is not meant in a pejorative sense. One would expect these individuals to have strong, positive views of power.

Had there been differences in their views of power, which is the assumption made initially in this study, one could surmise the factors which contributed to the differences. One would assume the difference to be the result of the difference in nurse and business socialization as well as to the roles they take on within the organization. Their roles, based on role theory, are influenced by what their peers and others in the organization expect from them, as well as the organizational environment. The nurse who starts her career as a staff nurse is socialized to the role differently than a business student.

The results of the nurse executive scores in this study seemed to validate the results in the 1988 Heineken and Wozniak study. The mean scores of the nurse executives in their study were nearly identical to the mean scores of the nurse executives in this study. In general, it would seem to show that nurse executives through their education and role

socialization have developed a positive view of power. This can only be an asset to the nurse executives in their ever expanding roles as business managers and as vice presidents of organizations.

If women in different professions hold similar views of power it would seem that socialization to role does not have a significant impact on perceptions of power or at least not enough to alter power perceptions based on it.

Recommendations

The following recommendations are based on the findings of this study.

1. Repeat this study utilizing a larger sample group. Expanding the study to include a larger sample group would perhaps, increase the generalizability of the results of this study. If results are generalizable, it would seem that the education of women is focused in a positive direction. These results may also indicate that when women are promoted to executive positions they develop the necessary attributes and sense of power which is necessary to survive and be successful in top management positions.

2. Expand the study to compare male nurse executive's power perceptions with those of female nurse executives. Would their perceptions of power differ? One might expect men, based on the difference in socialization from women to have different views of power. To go one step further, one

would expect men to have stronger, more positive views of power than women. Men are socialized from a very young age to be strong and powerful; in fact the *stronger and more* powerful the better. This is not the way women are socialized as little girls. In fact, it is quite the opposite! Conducting such a study may be difficult due to the inability to obtain a sufficient male nurse executive sample group.

Concluding Remarks

Power is discussed frequently. Numerous books have been written on how to be powerful, how to use power effectively, and how to achieve power. The nursing profession, as well as health care in general, have undergone drastic changes over the past twenty years. Nursing has become more specialized and moved into the practitioner role. The nurse executive now manages multi- million dollar cost centers and controls significant portions of the resources within the hospitals. The need for strong nurse executives who are managers, leaders, and well versed in the politics of power is increasing daily. Part of this management expertise is the effective utilization of the power one has. Once one understands how one perceives power it can be used as a positive force within organizations.

In essence, today's nurse executives are in powerful positions. In addition, the nursing shortage may have served

as a spur to stimulate nurses to unite and solidify the profession as a whole. Nurses need to be for nurses and coalesce as a group with the end result being a more powerful and satisfied profession from the staff nurse to the nurse executive.

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APPENDICES

APPENDIX A

29 October 1989

Dear

I am a graduate student at the State University of New York at Buffalo. For my thesis I am surveying members of your profession to examine your views on power perceptions. I would appreciate your time and efforts to complete Part II - Demographic Questionnaire and Part III - Power Orientation Questionnaire.

Power means different things to different people. I am interested in how you personally view power. What does power mean to you? I am not interested in what you think power means to others. Instead, I want to know how you view power and how you feel about power.

Your responses will be kept entirely confidential. Your name will not be attached to your responses. The only individuals who will see your responses will be members of the research team. Please be honest and candid in your responses. The research project will benefit greatly from your direct and honest responses to these statements.

Enclosed is a Demographic Questionnaire, a Power Orientation Questionnaire, and a stamped, addressed envelope for their return to me.

I thank you in advance for your consideration and time in responding to this questionnaire.

Sincerely,

Cheryl A. Foti
42 B Fox Berry Drive
Getzville, NY 14068

APPENDIX B

The first part of this questionnaire is for demographic purposes only. Please take the time to complete this before completing the Power Orientation Questionnaire and return both in the enclosed envelope as soon as possible. Thank you for your time.

Please check the appropriate answers:

(4,5) 1. Age: 20 - 29 ___ 50 - 59 ___
30 - 39 ___ 60 - 69 ___
40 - 49 ___ 70+ ___

(6) 2. Sex: F___ M___

(7) 3. Marital status: Single___ Divorced___
Married___ Separated___ Widow___

(8) 4. Race: Caucasian___ Black___ Other___

(9) 5. Highest Education Level: BS___ BSN___ MSN__
MBA____ Other_____
(specify)

(10,11) 6. Number of years in your profession:

Nursing _____ years or Business_____ years

(12) 7. Current position:

Actual title_____

(13,14) 8. Amount of time in current position:_____

(15) 9. Annual Income:

$20,000 - 29,999___ $60,000 - 69,999___
$30,000 - 39,999___ $70,000 - 79,999___
$40,000 - 49,999___ $80,000 - 89,999___
$50,000 - 59,999___ $90,000+ ___

(16) 10. Number of personnel you supervise:

1 - 25 ____ 76 - 100 ____
26 - 50 ____ 101+ ____
51 - 75 ____

(17,18) 11. Please note the level where your position lies on your organizational chart noting that CEO = 1. Each level below the CEO increases in number by 1 (one).

Your level ____

12. Any comments:

APPENDIX C

POWER ORIENTATION SCALE

The following are all statements about power. You may find that you agree strongly with some and disagree strongly with others. You may also find there are some statements you are uncertain about. Whether you agree or disagree with any of the statements, you can be sure that many other people feel the same as you do.

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one.

Write **+1**, **+2**, **+3**, or **-1**, **-2**, **-3**, depending on how you feel in each case.

+1 = I agree a little **-1** = I disagree a little

+2 = I agree on the whole **-2** = I disagree on the whole

+3 = I agree very much **-3** = I disagree very much

(19) ___1. An advantage of having power is being able to get people to follow your orders.

(20) ___2. People in powerful positions are often rewarded for doing very little.

(21) ___3. Having power gives you independence.

(22) ___4. An advantage of being in a position of power is that people seems to treat you as somebody special.

(23) ___5. In the long run, it is better to avoid having power.

(24) ___6. Knowing things others don't know gives you power over them.

(25) ___7. You know you have power when other people must come to you for things they need.

(26) ___8. An advantage to being considered powerful is that other people want to be like you.

(27) ___9. A person can be powerful within one group and not within another.

(28) ___10. There is no such thing as power without purpose.

(29) ___11. The drive for power exists in all of us.

(30) ___12. An advantage of being in a position of power is being able to control the rewards and punishments of others.

+1 = I agree a little **-1** = I disagree a little

+2 = I agree on the whole **-2** = I disagree on the whole

+3 = I agree very much **-3** = I disagree very much

(31) ___13. Powerful people are cautious about whom they confide in.

(32) ___14. Success and power go hand in hand.

(33)___15. If you have power, you have a sense of security.

(34)___16. The responsibility and challenge of power is exciting.

(35)___17. People seek power for its own sake.

(36)___18. Power is something to be avoided.

(37)___19. Having information that others want and need gives a person a great deal of power.

(38)___20. People know they are powerful when others are dependent on them.

(39)___21. People usually deserve the power they get.

(40)___22. How much power a person has varies considerably from one situation to another.

(41)___23. People naturally try to avoid feeling powerless.

(42)___24. Powerful people are easy to recognize, even in situations where they do nothing to demonstrate their power.

(43)___25. Sometimes powerful people cannot avoid hurting others.

(44)___26. The meek shall inherit the earth.

(45)___27. Power means the ability to beat the competition.

(46)___28. It takes political skill to become powerful.

(47)___29. Sometimes it's necessary for a powerful person to tell people what they should think.

(48)___30. An advantage to having power is the freedom it gives you.

(49)___31. You can usually tell a powerful person as soon as he or she enters a room.

+1 = I agree a little **-1** = I disagree a little

+2 = I agree on the whole **-2** = I disagree on the whole

+3 = I agree very much **-3** = I disagree very much

(50)___32. I would like to be a powerful person.

(51)___33. Power comes from being an expert in something.

(52)___34. People instinctively seek power.

(53)___35. Whether power is good or bad depends on the type of person who has it.

(54)___36. Power should be used to do the greatest good for the greatest number of people.

(55)___37. In general, powerful people do more harm than good.

(56)___38. Having power means that people may not like you.

(57)___39. Powerful people are likely to feel anxious.

(58)___40. Remaining in power requires political skill.

APPENDIX D

STATE UNIVERSITY OF NEW YORK AT BUFFALO

INVESTIGATION INVOLVING HUMAN SUBJECTS—CERTIFICATION OF EXEMPTION

Project Director/Faculty Sponsor Dr. Marlene Werner Department Nursing

Principal Investigator(s) Cheryl A. Foti

Project Title "A Comparison of Power Perceptions of Female Nurse & Business Executives"

Source of Support: Intra-University/Institutional Research ☐ * Sponsored Research ☐ ** Proposal No. _____

New ☐ Revision ☐ Renewal ☐ Continuation ☐

CERTIFICATION OF EXEMPTION FROM APPROVAL BY HUMAN SUBJECTS REVIEW BOARD (Check and initial all applicable conditions, sign below and provide brief substantiating description of protocol on reverse side.)

I certify that the project identified above, which involves the use of human subjects, is exempt from review and approval because it meets the criterion(a) specified below: ***

_____ P.D. initials ☐ (1) The research will be conducted in established or commonly established educational settings, involving normal education practices.
For example: (a) Research on regular and special educational instructional strategies;
(b) Research on effectiveness of instructional techniques, curricula or classroom management techniques.

_____ P.D. initials ☐ (2) The research involves use of education tests (☐ cognitive, ☐ diagnostic, ☐ aptitude, ☐ achievement), and the subject cannot be identified directly or through identifiers with the information.

MAW P.D. initials (3) The research involves survey or interview procedures, in which:
☒ (i) Subjects cannot be identified directly or through identifiers with the information;
☒ (ii) Subjects responses, if known, will not place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability;
☒ (iii) The research does not deal with sensitive aspects of subject's own behavior (illegal conduct, drug use, sexual behavior or alcohol use);
☐ (iv) The research involves survey or interview procedures with elected or appointed public officials, or candidates for public office.

_____ P.D. initials (4) The research involves the observation of public behavior, in which:
☐ (i) The subjects cannot be identified directly or through identifiers;
☐ (ii) The observations recorded about an individual could not put the subject at risk of criminal or civil liability or be damaging to the subjects financial standing or employability;
☐ (iii) The research does not deal with sensitive aspects of the subject's behavior (illegal conduct, drug use, sexual behavior or use of alcohol).

_____ P.D. initials (5) The research involves collection or study of existing data, documents, records, pathological specimens or diagnostic specimens, or which:
☐ (i) The sources are publicly available; or
☐ (ii) The information is recorded such that the subject cannot be identified directly or indirectly through identifiers.

I further certify that the project will not be changed to increase the risk or exceed the exempt condition(s) without filing an additional certification or application for approval by the Human Subjects Review Board.

Marlene Werner 9-27-89
Signature: Project Director/Faculty Sponsor *Date*

Cheryl A. Foti 9-27-89
Signature: Principal Investigator(s) *Date*

(Optional Approval) Gail P. Brown 9-28-89
Signature: Board Chairman/Authorized Reviewer *Date*

* The original Certification of Exemption is to be sent to the Chairman of the cognizant Human Subjects Review Board with a copy of the protocol

** The original Certification of Exemption is to be forwarded to the Office of Research Administration with copies of the proposal routed for review and approval. This project may be subject to review and confirmation of its exempt nature by an authorized Human Subjects Review Board and/or the sponsoring agency

*** If the Project Director has any questions about the Exemption status of this project, he is encouraged to seek confirmation and optional approval of the appropriate Human Subjects Review Board

Form ORA HS-1 Rev. 1/82

To: Dr. Al Goldberg 19 July 89

From: Cheryl A. Foti

Re: Use of Power Scale

Dr. Goldberg:

Per our telephone conversation today I am requesting permission for the use of the Power Scale detailed in the Fall 1983 article, The Meaning of "Power", in the Journal of Applied Communications Research by Goldberg, Cavanaugh and Larson.

I plan to use it for my thesis entitled "A Comparison of Power Perceptions of Female Nurse Executives and Female Business Executives". I am a graduate student at the State University of NY at Buffalo.

Please sign this letter to signify your consent for the use of this power scale and return it to me. I have enclosed a stamped, self-addressed envelope for your convenience.

Thank you for your consent for use of this power scale.

Sincerely,
Cheryl A Foti
Cheryl A. Foti

Signature for consent Alvin Goldberg

Date 8-18-89

APPENDIX F

Holiday Inn

Jan. 22, 1990

Dear Ms. Foti.

Some of the items on the P.O.I. are there as "fillers." Filler items are often included in a scale to make it more difficult for respondents to make inferences about the scale's purpose and to provide "socially desirable" rather than honest answers.

The filler items do not contribute in any way to a respondent's scores on the 6 P.O.I. factors.

Sincerely,

APPENDIX G

NUMBERS OF AND GEOGRAPHICAL AREAS OF RESPONDENTS BY STATE

AK - 1	IN - 2	NY - 8
AL - 1	KS - 3	OH - 3
AZ - 1	MA - 2	OR - 1
CA - 8	MD - 1	PA - 3
CO - 2	MI - 3	SC - 1
CT - 1	MN - 1	TN - 1
FL - 2	MO - 2	TX - 1
GA - 2	NC - 3	VA - 1
HI - 2	ND - 2	WA - 1
IA - 2	NH - 1	WI - 3
IL - 3	NJ - 2	WV - 2

Unidentifiable from post mark - 4